TWIN RIVERS QUILTERS GUILD $\underset{APPLICATION}{\underline{APPLICATION}}$

Name:		Spouses Name (if applicable)
Address:		
City:	State:	Zip
Home #:	Email: _	
	(Pleas	e <u>print</u> clearly as a number or letter can look the same)
Date of Birth: Month:	Day:	Date Joined:
New Member Fee - \$30.00	Fee after July	1 st - \$15.00
SKILL LEVEL: Beginner	Intermediate	Advanced
	<u>Personal In</u>	<u>formation</u>
Please tell us something about ever taught a quilting class, wi	` `	moved from, when you started quilting, have you have, etc.)
Board/Committee position you	would be interested in	serving: President VPresident Treasurer
Secretary Membership Sunshine Historian Block	_ CWS Newsletter	Charity Quilts LibraryWeb site ats Day of Sharing Quilt Show
Raffle Quilt (Check with Membership for b	ooard and committee de	etails)
How did you hear about us: B	rochure Quilt	Show/store other?
Please return completed men	mbership form & che	ck (made out to Twin Rivers Quilters Guild to:
	Twin Rivers Q	-
	c/o Diana 5509 Gondo	
	New Bern,	
· · · · · · · · · · · · · · · · · · ·		ntion, please contact Diana Rezab, Membership or www.twinriversquiltersguild.com
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	Guild Inforn	nation Only
Date Application Received	Check #	Amount
Date Membership Packet mail		